

**MEDICARE RESIDENT, PRACTICING PHYSICIAN, AND
OTHER HEALTH CARE PROFESSIONAL TRAINING PROGRAM**

MASTER ANSWER KEYS

CHAPTER 1	
QUESTION	CORRECT ANSWER
1. Part C of the Medicare Program is: A. Long term care insurance B. Medicare Advantage C. Disability insurance D. Medical insurance	B
2. The three groups of Medicare insured beneficiaries are End-Stage Renal Disease insured, aged insured, and disabled insured. A. True B. False	A
3. One provision of the Health Insurance Portability and Accountability Act of 1996 is the Medicare prescription drug benefit. A. True B. False	B

CHAPTER 2	
QUESTION	CORRECT ANSWER
<p>1. End-Stage Renal Disease facilities are an example of an entity that receives payment under Part A of the Medicare Program.</p> <p>A. True B. False</p>	B
<p>2. The National Provider Identifier is a standard unique identifier that must be accepted and used by all Health Insurance Portability and Accountability Act-covered entities by May 23, 2007 or May 23, 2008.</p> <p>A. True B. False</p>	A
<p>3. Participating providers and suppliers receive 25 percent higher Medicare Physician Fee Schedule allowances than nonparticipating providers and suppliers.</p> <p>A. True B. False</p>	B

CHAPTER 3	
QUESTION	CORRECT ANSWER
<p>1. Providers and suppliers must collect which of the following from the beneficiary:</p> <ul style="list-style-type: none"> A. Coinsurance B. Unmet deductibles C. Copayments D. All of the above 	D
<p>2. Medicare is the secondary payer when the Veterans Health Administration has authorized non-Federal providers and suppliers to furnish items or services for the beneficiary.</p> <ul style="list-style-type: none"> A. True B. False 	A
<p>3. A 20 percent Health Professional Shortage Area incentive payment is paid to physicians who furnish medical care in geographic areas designated as primary medical care Health Professional Shortage Areas.</p> <ul style="list-style-type: none"> A. True B. False 	B

CHAPTER 4	
QUESTION	CORRECT ANSWER
<p>1. Services or supplies are considered medically necessary if they are mainly for the convenience of the patient, provider, or supplier.</p> <p>A. True B. False</p>	B
<p>2. The preventive benefits that were expanded under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 include:</p> <p>A. Diabetes screening tests B. Initial preventive physical examination C. Cardiovascular screening blood tests D. All the above</p>	D
<p>3. One requirement for coverage of incident to the services of a physician is that the services and supplies are commonly furnished without charge or included in the physician's bill.</p> <p>A. True B. False</p>	A

CHAPTER 5	
QUESTION	CORRECT ANSWER
1. Residents may document physician services in the patient's medical record. A. True B. False	A
2. The attending physician who bills Medicare for evaluation and management services in the teaching setting is never required to personally document his or her participation in the management of the patient and that he or she performed the service or was physically present during critical or key portion(s) of the service performed by the resident. A. True B. False	B
3. Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option. A. True B. False	A

CHAPTER 6	
QUESTION	CORRECT ANSWER
<p>1. Local Coverage Determinations are made in the absence of a specific National Coverage Determination to provide guidance within a specified geographic area.</p> <p>A. True B. False</p>	A
<p>2. Abuse involves a person or entity's intentional use of false statements or fraudulent schemes to obtain payment for, or to cause another to obtain payment for, items or services payable under a Federal health care program.</p> <p>A. True B. False</p>	B
<p>3. Fraud, which may be intentional or unintentional, directly or indirectly results in unnecessary or increased costs to the Medicare Program.</p> <p>A. True B. False</p>	B

CHAPTER 7	
QUESTION	CORRECT ANSWER
1. Providers and suppliers can correct minor errors and omissions on claims by initiating a formal appeal. A. True B. False	B
2. There are three levels in the fee-for-service appeals process. A. True B. False	B
3. An example of an overpayment is when an incorrect payee is paid. A. True B. False	A

1.5-HOUR TRAINING MODULE INTRODUCTION TO MEDICARE	
QUESTION	CORRECT ANSWER
1. Part C of the Medicare Program is: A. Long term care insurance B. Medicare Advantage C. Disability insurance D. Medical insurance	B
2. The three groups of Medicare insured beneficiaries are End-Stage Renal Disease insured, aged insured, and disabled insured. A. True B. False	A
3. One provision of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 is health insurance coverage protection for workers and their families when they change or lose their jobs. . A. True B. False	B
4. End-Stage Renal Disease facilities are an example of an entity that receives payment under Part A of the Medicare Program. A. True B. False	B
5. Participating providers and suppliers receive 25 percent higher Medicare Physician Fee Schedule allowances than nonparticipating providers and suppliers. A. True B. False	B
6. Providers and suppliers must collect which of the following from the beneficiary: A. Coinsurance B. Unmet deductibles C. Copayments D. All of the above	D

1.5-HOUR TRAINING MODULE INTRODUCTION TO MEDICARE	
QUESTION	CORRECT ANSWER
<p>7. A 20 percent Health Professional Shortage Area incentive payment is paid to physicians who furnish medical care in geographic areas designated as primary medical care Health Professional Shortage Areas.</p> <p>A. True B. False</p>	B
<p>8. Services or supplies are considered medically necessary if they are mainly for the convenience of the patient, supplier, or provider.</p> <p>A. True B. False</p>	B
<p>9. The preventive benefits that were expanded under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 include:</p> <p>A. Diabetes screening tests B. Initial preventive physical examination C. Cardiovascular screening blood tests D. All the above</p>	D
<p>10. One requirement for coverage of incident to the services of a physician is that the services and supplies are commonly furnished without charge or included in the physician's bill.</p> <p>A. True B. False</p>	A
<p>11. Residents may document physician services in the patient's medical record.</p> <p>A. True B. False</p>	A

1.5-HOUR TRAINING MODULE INTRODUCTION TO MEDICARE	
QUESTION	CORRECT ANSWER
<p>12. The attending physician who bills Medicare for evaluation and management services in the teaching setting is never required to personally document his or her participation in the management of the patient and that he or she performed the service or was physically present during critical or key portion(s) of the service performed by the resident.</p> <p>A. True B. False</p>	B
<p>13. Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option.</p> <p>A. True B. False</p>	A
<p>14. Local Coverage Determinations are made in the absence of a specific National Coverage Determination to provide guidance within a specified geographic area.</p> <p>A. True B. False</p>	A
<p>15. The goal of the Medicare Integrity Program is to pay it right – pay the right amount, to the right provider or supplier, for the right service, to the right beneficiary.</p> <p>A. True B. False</p>	A
<p>16. Abuse involves a person or entity's intentional use of false statements or fraudulent schemes to obtain payment for, or to cause another to obtain payment for, items or services payable under a Federal health care program.</p> <p>A. True B. False</p>	B

1.5-HOUR TRAINING MODULE INTRODUCTION TO MEDICARE	
QUESTION	CORRECT ANSWER
17. Fraud, which may be intentional or unintentional, directly or indirectly results in unnecessary or increased costs to the Medicare Program. A. True B. False	B
18. Providers and suppliers can correct minor errors and omissions on claims by initiating a formal appeal. A. True B. False	B
19. There are three levels in the fee-for-service appeals process. A. True B. False	B
20. An example of an overpayment is when an incorrect payee is paid. A. True B. False	A